ease type a plus sign (+) inside this box -+ +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number 38-77(52794) **DECLARATION FOR UTILITY OR First Named Inventor** Shewmaker **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** 10/604,708 (37 CFR 1.63) Filing Date 8/12/2003 □ Declaration □ Declaration Group Art Unit Submitted after Initial Submitted OR 3643 Filing (surcharge (37 CFR 1.16 (e)) required) with Initial **Examiner Name** Filing

As a below named inver	itor, I hereby declare that:						
My residence, post office	address, and citizenship are a	as stated below next to m	y name.				
	first and sole inventor (if only f the subject matter which is						
Method for Incre	easing Total Oil Le	vels in Plants					
the specification of which is attached hereto OR	(1700	of the Invention)					
	08/12/2003	as Unit	ed States Applicat	ion Number or PCT	International		
Application Number 10/	504,708 and wa	as amended on (MM/DD/	mm		(if applicable).		
I hereby state that I have re	eviewed and understand the cent specifically referred to abo	contents of the above ider	itified specification	, including the clain	ns, as		
I acknowledge the duty to d	disclose information which is	material to patentability as	s defined in 37 CF	R 1.56.			
certificate, or 356(a) of any America, listed below and h	ity benefits under 35 U.S.C. PCT international applicational averalso identified below, by application having a filing date	on which designated at le checking the box, any for	east one country eign application fo	other than the Unit or patent or inventor	ed States of		
Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?			
Number(s)	Country	(MM/DD/YYYY)		YES			
	ation numbers are listed on a						
	under 35 U.S.C. 119(e) of any		il application(s) list	ed below.	7.00		
Application Number	08/12/2002	e (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



type a plus sign (+) inside this box → 🛨

X Additional inventors are being named on the

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the action of the prior application of the prior applicat and the national or PCT international filing date of this application. **U.S. Parent Application or PCT Parent** Parent Patent Number **Parent Filing Date** (MM/DD/YYYY) (if applicable) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number 27161 Place Customer Number Bar Code Label here Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: X Customer Number OR Correspondence address below 27161 or Bar Code Label Name Address Address City ZIP State Telephone Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Shewmaker Christine K Inventor's Date Signature Woodland **USA** USA Residence: City Country Citizenship 1409 Springcreek Drive Post Office Address Post Office Address USA Woodland State 195776 City ZIP Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

DEC 0 8 2003 Please .,. PRADEMA Please type a pl Under the Paperwork Reduction Act of 1995, no persons valid DMB control number.

sign (+) inside this bex

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it contains a

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

					,						•	
Name of Addition	nal Joint Inventor, if an	y:			A petition	on has been	filed for the	is unsig	ned in	ventor		
Given Na	me (first and middle [if any])				Family	Name or	Surname				
Alison				Van	Eenenr	naam						
Inventor's Signature	Alson Una	eren	ra					Date	,	12.1.03		
Residence: City	Davis	State	CA		Country	USA		Citizens	ship	AU		
Post Office Address												
Post Office Address				•								
City	Davis	State	CA		ZIP 9	95616	Countr	y USA				
 Name of Addition	al Joint Inventor, if an	у		4		on has been	filed for th	nis unsig	ned in	nventor		
Given Na	ne (first and middle [if any])				Family	Name or	Surname)			
 Deborah J				I	- - - - - - - - - - - - - - - - - - -	3						
Inventor's Signature	Deborah	J. 4	Law	bu	ره			Di	ate	11.24.03		
 Residence: City	Davis	State	CA		Country	USA		Citize	enship	USA		
Post Office Address	230 Grande Ave					<u> </u>				1		_
 Post Office Address								<u> </u>				
City	Davis	State	CA		ZIP	95616	Cou	ntry [JSA			
 Name of Addition	al Joint Inventor, if an	y] A petition	on has beer	filed for th	nis unsig	ned ir	nyentor		
	ne (first and middle [if any])				Family	Name or	Surname	•			
Rick A.	0 - 0	- / -	-1//	San	ders			\perp		ļ,		
 Inventor's Signature	This les	Sa	Se	1	/			D	ate	12/1/1	3	_
Residence: City	Davis	State	CA		Country	USA		Citize	enship	USA		
Post Office Address	917 Arthur Street				ļ	ļ						
Post Office Address		'	<u> </u>		<u> </u>							
City	Davis	State	CA		ZIP	95616	,	Country		•		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.